Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2002

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

500 E. BUSINESS WAY, SUITE A
CINCINNATI, OH 45241

2b Employer Identification Number (EIN)
31-1483173

2c Plan Sponsor's telephone number
513-354-3700

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2015	MARY ELLEN POPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2015	MARY ELLEN POPE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	305
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	293
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	282
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	296
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	296
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1D 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH1322	10	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
12156	2950

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SBHU LIFE AGENCY, INC.
SUITE 300
700 RED BROOK BLVD.
OWNINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3765			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TRI STATE PLAN ADMINISTRATION INC
30 GARFIELD PLACE, SUITE 520
CINCINNATI, OH 45202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	2950	TPA PARTNERSHIP PROGRAM	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY SMITH BARNEY LLC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8391			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6429493

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	648356		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**	12146		
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	660502
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	660502
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	12146		
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**	648356		
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	660502
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	5837657
b Actuarial value	**2b**	5837657

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	12	11823	11823
c For active participants	293	4707791	4770096
d Total	305	4719614	4781919

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.93%
6 Target normal cost	**6**	1063810

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 06/03/2015

JESSICA A. BIRKLE — Type or print name of actuary

14-07693 — Most recent enrollment number

CUNI, RUST & STRENK, INC. — Firm name

513-891-0270 — Telephone number (including area code)

4555 LAKE FOREST DRIVE, SUITE 620
US CINCINNATI, OH 45242

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.16%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		469414
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.73 %		26897
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		496311
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.07 %
15	Adjusted funding target attainment percentage	15	122.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/22/2014	120000				
07/18/2014	120000				
10/13/2014	120000				
01/15/2015	120000				
05/19/2015	168480				
			Totals ► 18(b)	648480	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	617600

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 52

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) — **31a**: 1063810

b Excess assets, if applicable, but not greater than line 31a — **31b**: 1055738

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 8072

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35) — **36**: 8072

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 617600

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — **38a**: 609528

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) — **39**: 0

40 Unpaid minimum required contributions for all years — **40**: 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment — **42**:

43 Excess installment acceleration amount to be carried over to future plan years — **43**:

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	6429493

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	288356	288480
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5553231	6429493
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5841587	6717973
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5841587	6717973

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	648480	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		648480
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		240051
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		888531
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12145	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12145
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		876386
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WHITMER & COMPANY **(2)** EIN: 31-1223978

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD. DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

D Employer Identification Number (EIN)
31-1483173

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 9

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... [X] **Yes** [ ] **No** [ ] **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... [ ] **Yes** [ ] **No** [ ] **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... [ ] **Yes** [ ] **No** [X] **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... [X] **Increase** [ ] **Decrease** [ ] **Both** [ ] **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... [ ] **Yes** [ ] **No**

11 a Does the ESOP hold any preferred stock? ..... [ ] **Yes** [ ] **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... [ ] **Yes** [ ] **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... [ ] **Yes** [ ] **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Whitmer
& Company CPA's, LLP

Fourth and Walnut Centre
105 East Fourth St., Suite 1100
Cincinnati, Ohio 45202-4011
Phone: (513) 381-8010
Fax: (513) 381-2601

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the
Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at year end, the schedules of assets acquired and disposed of and the schedule of reportable transactions as of or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Whitmer & Company CPA's LLP

Whitmer & Company CPA's, LLP
Cincinnati, Ohio

October 1, 2015

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Beacon Orthopaedics & Sports Medicine, Ltd.

D Employer Identification Number (EIN)
31-1483173

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	2a	5,837,657
b Actuarial value	2b	5,837,657

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	12	11,823	11,823
c For active participants	293	4,707,791	4,770,096
d Total	305	4,719,614	4,781,919

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.93 %
6 Target normal cost	6	1,063,810

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JAB

Signature of actuary

06/03/2015

Date

Jessica A. Birkle

Type or print name of actuary

14-07693

Most recent enrollment number

Cuni, Rust & Strenk, Inc.

Firm name

(513) 891-0270

Telephone number (including area code)

4555 Lake Forest Drive, Suite 620

US Cincinnati OH 45242

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.16%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		469,414
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.73 %		26,897
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		496,311
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	122.07 %
15	Adjusted funding target attainment percentage	15	122.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/22/2014	120,000				
07/18/2014	120,000				
10/13/2014	120,000				
01/15/2015	120,000				
05/19/2015	168,480				
			Totals ▶ 18(b)	648,480	18(c)

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	617,600

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.99 %	6.32 %	6.99 %	

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 52

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment . . . . . ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment . . . . . ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment . . . . . ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	1,063,810
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,055,738

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month_____ Day_____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8,072

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	8,072
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	617,600
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	609,528
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected . . . . . ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made . . . . . ☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

2014 Schedule SB, line 22 -- Description of Weighted Average Retirement Ag
Plan Name: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Pla
EIN: 31-1483173
PN: 003

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
52	100.00%	0.00000	100.00%	52.00000

Weighted Average Retirement Age **52.0**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2014 Schedule SB, Part V – Actuarial Assumptions
Plan Name: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
EIN: 31-1483173
PN: 003

1. Interest Rates:

Segment 1	4.99%
Segment 2	6.32%
Segment 3	6.99%
Post-retirement Lump Sum Rate	5.00%

2. Mortality Rates:

Pre-retirement:	None.
Post-retirement:	1994 Group Annuity Reserve Table 50% male/50% female

3. Salary Scale: 0.00%.

4. Retirement Ages: Earliest Unreduced Retirement Age or Attained Age, if later.

2014 Schedule SB, Part V – Actuarial Assumptions
Plan Name: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
EIN: 31-1483173
PN: 003

5. Termination Rates:	None.
6. Disability Rates:	None.
7. Plan Expenses:	None.
8. Actuarial Cost Method:	Unit Credit under PPA rules.
9. Asset Valuation Method:	Market Value of all trust investments, plus any accrued contributions as of the Valuation Date.
10. Employee Data:	An employee census was supplied by Tri-State Plan Administration, Inc. and included all employees in the Eligible Class. We did not audit the census.
11. Asset Data:	Asset data and contribution amounts and dates were supplied by Tri-State Plan Administration, Inc. We did not audit the data.
12. Assumed Form of Benefit Payment:	Lump sum distribution.
13. Changes Since Last Year:	Interest rates changed as mandated by PPA.

2014 Schedule SB, Part V – Plan Provisions
Plan Name: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
EIN: 31-1483173
PN: 003

---

1. Effective Date:	January 1, 2002.
2. Plan Year:	January 1st through December 31st.
3. Covered Employees:	All employees of Beacon Orthopaedics & Sports Medicine, Ltd.
4. Eligibility:	January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.
5. Average Compensation:	Average monthly compensation for the highest thirty-six consecutive months.
6. Vesting Service:	Years of Vesting Service are measured on the twelve-month period beginning with date of employment and on each subsequent anniversary of date of employment. Vesting Service equals the total number of twelve-month periods during which at least 1,000 Hours of Service are credited.
7. Benefit Service:	One Year of Benefit Service is granted for each Plan Year in which the Employee is credited with 1,000 hours while a Plan Participant.

8. Normal Retirement:

a. Eligibility	The earlier of [1] the later of the Participant's 65th birthday or 5th anniversary of participation and [2] the later of the Participant's 62nd birthday or 10th anniversary of participation.
b. Monthly Benefit	For participants in Group 1: 2.5% of Average Compensation per Year of Benefit Service (maximum of 20 years). For participants in Group 2: 3.25% of Average Compensation per Year of Benefit Service (maximum of 20 years). For participants in Group 3: 5.25% of Average Compensation per Year of Benefit Service (maximum of 20 years). For all other participants: 0.5% of Average Compensation per Year of Benefit Service (maximum of 20 years). All benefits are offset by the benefit equivalent to the profit sharing plan contribution for each Year of Benefit Service. Maximum offset per Year of Benefit Service is 0.50% of Average Compensation. Minimum Annual Benefit is equal to $40 per Year of Benefit Service (maximum of 20 years). Effective January 1, 2012, no further benefits shall accrue pursuant to the $40 minimum portion of the benefit formula.

9. Early Retirement:

a. Eligibility	The later of the Participants 52nd birthday or 10th anniversary of participation.
b. Monthly Benefit	100% of the Accrued Benefit without reduction for Early Retirement.

10. Late Retirement:

a. Eligibility	Beyond Normal Retirement Age.
b. Monthly Benefit	Accrued Benefit as of the actual retirement date or the actuarial equivalent of the Normal Retirement Benefit, if greater.

11. Vested Retirement:

a. Eligibility	2 Years of Vesting Service. Participants vest 20% after two Years of Service plus 20% each year thereafter to 100% after six Years of Service.
b. Monthly Benefit	Calculated as for Normal Retirement based on Benefit Service and Average Compensation as of date of separation, times the participant's vesting percentage.

12. Disability Retirement:

a. Eligibility	Total and permanent disability.
b. Monthly Benefit	Accrued Benefit as of the Disability Retirement Date, reduced by one-fifteenth (1/15) for each of the first five years and one-thirtieth (1/30) for each of the next five years by which the starting date of the benefit precedes the Normal Retirement Date, and reduced actuarially for each additional year.

13. Pre-Retirement Death:

a. Eligibility	A Participant with an Accrued Benefit.
b. Monthly Benefit	The Actuarial Present Value of the Participant's Accrued Benefit.

14. Payment Forms:

a. Normal	Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants.
b. Optional	Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution.

15. Actuarial Equivalency:

a. Other than Lump Sums	Pre-retirement: No mortality and 5.00% interest. Post-retirement: 1994 Group Annuity Reserve Table, blended 50% male and 50% female, and 5.00% interest.
b. Lump Sums	The greater of the lump sum calculated under (a) and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the fifth month prior to the beginning of the Plan Year in which the distribution occurs.

16. Maximum Annual Benefit: $210,000 per year for participants retiring at age 62 and later during the 2014 Plan Year.

2014 Schedule SB, Part V – Plan Provisions
Plan Name: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
EIN: 31-1483173
PN: 003

17. Changes Since Last Year: Effective January 1, 2014, the benefit accrual definitions were changed.

Active Participants as of January 1, 2014

Years of Plan Service

Age Group	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35 +	Total
< 19	0	0	0	0	0	0	0	0	0	0
20-24	4	9	0	0	0	0	0	0	0	13
25-29	9	38	12	0	0	0	0	0	0	59
30-34	5	19	17	1	0	0	0	0	0	42
35-39	1	19	17	2	0	0	0	0	0	39
40-44	9	17	15	1	3	0	0	0	0	45
45-49	2	15	9	3	2	0	0	0	0	31
50-54	2	13	10	4	4	0	0	0	0	33
55-59	0	5	4	6	1	0	0	0	0	16
60-64	0	2	5	2	2	0	0	0	0	11
65-69	0	0	2	1	0	0	0	0	0	3
70 +	0	0	1	0	0	0	0	0	0	1
Total	32	137	92	20	12	0	0	0	0	293

Plan: Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
EIN: 31-1483173
PIN: 003

Average Age: 39.7 years
Average Service: 4.5 years

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

ASSETS

	2014	2013
Investments at Fair Value (Note G)		
Mutual funds	$ 6,429,493	$ 5,553,231
Total Investments	6,429,493	5,553,231
Receivables		
Employer's contribution	288,480	288,356
Total Receivables	288,480	288,356
Total Assets	6,717,973	5,841,587

LIABILITIES

Total Liabilities	-	-
Net Assets Available for Benefits	$ 6,717,973	$ 5,841,587

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions to Net Assets		
Investment Income (Loss)		
Net appreciation in fair value of investments	$ 240,051	$ 599,420
Net Investment Income (Loss)	240,051	599,420
Employer's Contribution	648,480	648,353
Total Additions to Net Assets	888,531	1,247,773
Deductions from Net Assets		
Benefits Paid Directly to Participants	12,145	25,190
Total Deductions from Net Assets	12,145	25,190
Net Increase in Assets Available for Benefits	876,386	1,222,583
Net Assets Available for Benefits		
Beginning of Year	5,841,587	4,619,004
End of Year	$ 6,717,973	$ 5,841,587

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013

	December 31, 2013
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits	
Active participants	$ 4,807,703
Participants with deferred benefits	12,198
Total Vested Benefits	4,819,901
Non-vested Benefits	
Accumulated non-vested benefits	72,925
Total Actuarial Present Value of Accumulated Plan Benefits	$ 4,892,826

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013

	December 31, 2013
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 4,305,284
Increase (decrease) during the year attributable to:	
Plan experience and benefit accrual	397,468
Decrease in discount period	215,264
Benefits paid	(25,190)
Net Increase	587,542
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 4,892,826

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Beacon Orthopaedics & Sports Medicine, Ltd. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees twenty-one years of age or older become plan participants on the first entry date after completing one year of service. Entry dates are January 1 and July 1.

Pension Benefits

Employees are entitled to annual pension benefits at normal retirement date which is defined as the earlier of (1) the later of the participant's fifty-second birthday or the tenth anniversary of participation in the Plan, or (2) the later of the participant's sixty-fifth birthday or the fifth anniversary of participation in the Plan.

The benefit amount is calculated by Plan rules utilizing an average compensation based on the employee's most highly compensated, consecutive thirty-six month period. Certain named physicians receive 2.5% of average compensation per year of plan service (maximum of twenty years).

For one participant, the normal retirement benefit shall equal 3.25% of average compensation for each year of active participation up to a maximum of 20 years.

For three participants, the normal retirement benefit shall equal 5.25% of average compensation for each year of active participation up to a maximum of 20 years.

For all other participants, the normal retirement benefit shall equal .5% of average compensation for each year of active participation up to a maximum of 20 years.

The normal retirement benefit for each participant shall be reduced (by the benefit provided for the participant) by the actuarial equivalent to the participant's employer contribution account under the 401(k) Profit Sharing Plan, but not greater than .5% of a participant's average compensation for each year of active participation up to a maximum of 10 years. In no event shall the normal retirement benefit be reduced to less than $40 per year of active participation.

Effective 1/1/12, no participant shall accrue any further benefit pursuant to the minimum $40 per year of active participation portion of the benefit formula.

Vesting

Plan benefits are vested by the following schedule:

Years of Service	Nonforfeitable Percentage
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 years and over	100%

Death and Disability Benefits

Benefits are payable upon death of both active and retired employees. Rules governing the distribution of these death benefits are described in detail in the Plan documents.

Contributions

The Plan is funded by the Employer, Beacon Orthopaedics & Sports Medicine, Ltd. by quarterly payments to the Plan Trustee based on actuarial study plus any additional amount that the Employer may determine. Annual or cumulative funding deficiencies are eliminated as required by law or regulation.

Forfeited Amounts

Amounts forfeited by any Participant shall be used to reduce the Employer's contribution to the Plan.

Operating Expenses and Administrative Costs

All expenses of maintaining the Plan that are not covered by the compensation from the funds are paid by the Company.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their most highly compensated, consecutive thirty-six months of credited service. The accumulated plan benefits for active employees are based on their average compensation during the three years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2014 were (a) life expectancy of participants (the 1994 Group Annuity Mortality Table was used), (b) retirement age assumptions of normal retirement age, and (c) investment return. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The valuation date was changed to January 1 of the plan year due to the requirements of the Pension Protection Act of 2006.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

Date of Management's Review

Subsequent events were evaluated through October 1, 2015, which is the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of the mutual funds are based on quoted market prices.

The Plan Administrator determines the fair value measurement policies and procedures, subject to oversight by the Company's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At the time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2014		
Mutual Funds	$ 6,429,493	$ 6,429,493
Total	$ 6,429,493	$ 6,429,493
December 31, 2013		
Mutual Funds	$ 5,553,231	$ 5,553,231
Total	$ 5,553,231	$ 5,553,231

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2014 and 2013 are reported in net appreciation in fair value of investments.

NOTE D - FUNDING POLICY

The law requires that every pension plan have a procedure for establishing a funding policy to carry out the plan objectives. A funding policy relates to the level of contributions needed to pay for promised benefits. The Company's funding policy is to make quarterly contributions to the Plan as estimated by the actuary and make a final contribution, as needed, to meet or exceed minimum funding requirements under the Pension Protection Act. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.

Once money is contributed to the Plan, the money is invested by plan officials called fiduciaries. Specific investments are made in accordance with the Plan's investment policy. Generally speaking, an investment policy is a written statement that provides the fiduciaries that are responsible for plan investments with guidelines or general instructions concerning various types or categories of investment management decisions. The investment policy of the Plan is to maximize investment returns while minimizing investment risk for the benefit of the plan participants and their beneficiaries.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE E - PLAN TERMINATION

Although it is the intention of the Employer that the Plan be continued, the Employer has the right to terminate the Plan and discontinue contributions at any time. If the Plan is terminated, participant interests accrued at the date of termination are nonforfeitable and will be distributed per the provisions of the Plan.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by PBGC).

4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014, that ceiling is $5,011.36 per month, or $60,136.32 per year. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 5, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's Tax Counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examination for years prior to 2011.

NOTE G - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets.

	December 31, 2014	2013
PIMCO Income Fund A (formerly PIMCO Total Return Portfolio Srv)	$ 924,976	$ 787,385
Voya TRowePrice Equity Income	$ 809,783	$ 678,520
Franklin Growth Fund R	$ 1,104,976	$ 872,126
Oppenheimer Developing Markets Fund A	$ 594,226	$ 561,591
American Funds EuroPacific R4	$ 751,886	$ 696,142
American Funds CapWld G&I R4	$ 396,305	$ 343,903

The following table represents the fair values of investments. Investments are stated at fair value as determined by quoted market price. This information is taken from the certified report from Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the trustee of the Plan, at December 31, 2014 and 2013.

	December 31, 2014	2013
Bond Mutual Funds		
PIMCO Income Fund A (formerly PIMCO Total Return Portfolio Srv)	$ 924,976	$ 787,385
PIMCO High Yield Portfolio Srv	182,499	161,823
PIMCO Real Return Fund A	117,793	102,187
Templeton Global Bond Fund R	182,417	161,276
MFS Emerging Markets Debt Fund R2	182,421	156,926
PIMCO Low Duration Fund R	295,625	263,407
Large Cap Value		
TRowePrice Equity Income	809,783	678,520
Large Cap Growth		
Franklin Growth Fund R	1,104,976	872,126
Small/Mid/Specialty		
Global Real Estate Fund A	201,620	159,550
Goldman Sachs Growth Opport Fund R	211,843	172,316
PIMCO Commodity Real Return Strat Fund R	138,838	152,346
Oppenheimer Main St Sm Cap F/VA	212,927	171,132
Global/International		
Oppenheimer Developing Markets Fund A	594,226	561,591
American Funds EuroPacific R4	751,886	696,141
American Funds Capital World G&I R4	396,305	343,903
MFS International New Discovery Fund R2	121,358	112,602
Total Investments	$ 6,429,493	$ 5,553,231

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE I - PLAN AMENDMENT

Effective January 1, 2014, the Plan amended the benefit amount calculations for certain named participants as follows:

For one participant, the normal retirement benefit shall equal 3.25% of average compensation for each year of active participation up to a maximum of 20 years.

For three participants, the normal retirement benefit shall equal 5.25% of average compensation for each year of active participation up to a maximum of 20 years.

NOTE J - RELATED PARTY TRANSACTIONS

Certain plan assets are shares of mutual funds managed by Voya (formerly ING) for the years ended December 31, 2014 and 2013. Voya is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Tri-State Plan Administration, Inc. provided administrative services to the Plan for the years ended December 31, 2014 and 2013.

All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS WITH 5500

	2014	2013
Total Net Assets per Audited Financial Statements	$ 6,717,973	$ 5,841,587
Total Net Assets per 5500	$ 6,717,973	$ 5,841,587

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS
(HELD AT YEAR END)
DECEMBER 31, 2014

QTY/ UNITS	SECURITY DESCRIPTION	TOTAL COST	CURRENT VALUE
Bond Mutual Funds			
9,516.5741	PIMCO High Yield Portfolio Srv	180,922.77	182,498.96
9,241.6011	PIMCO Real Return Fund A	114,929.59	117,792.74
15,313.4465	Templeton Global Bond Fund R	180,376.31	182,416.45
14,977.5989	MFS Emerging Markets Debt Fund R2	176,024.66	182,421.43
78,784.4258	PIMCO Income Fund A	924,616.07	924,975.72
23,165.1823	PIMCO Low Duration Fund R	295,266.20	295,624.58
Large Cap Value			
39,431.2145	TRowePrice Equity Income Pt Srv	754,821.02	809,783.16
Large Cap Growth			
55,498.8124	Franklin Growth Fund R	967,368.96	1,104,975.92
Small/Mid/Specialty			
7,930.5268	Oppenheimer Main St Sm Cap F/VA	190,209.01	212,927.35
17,964.6833	Global Real Estate Fund A	178,637.10	201,620.16
11,315.1656	Goldman Sachs Growth Opport Fund R	191,380.01	211,842.90
17,654.0518	PIMCO Commodity Real Return Strat Fund R	171,494.07	138,837.78
Global/International			
13,962.8196	Oppenheimer Developing Markets Fund A	625,213.01	594,225.85
57,842.8938	American Funds EuroPacific R4	772,488.81	751,886.01
26,684.0896	American Funds Capital World G&I R4	382,048.42	396,305.27
8,386.3923	MFS International New Discovery Fund R2	125,337.45	121,358.44

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS
ACQUIRED AND DISPOSED OF DURING 2014
DECEMBER 31, 2014

SECURITY DESCRIPTION	QTY/ UNITS	ACQUISITION COST
PURCHASES		
Oppenheimer Developing Markets Fnd A	1,427.2683	64,835.60
American Funds EuroPacific R4	5,820.6481	77,802.72
TRowePrice Eqty Income Pt Srv	4,004.0284	77,802.72
High Yield Portfolio Srv	998.4530	19,450.68
Oppenheimer Main St Sm&MdCp F/V A	810.9735	19,450.68
American Funds Cap Wld G&I R4	2,658.3615	38,901.36
Global Real Estate Fund A	1,848.2052	19,450.68
PIMCO Real Return Fund A	1,000.9131	12,967.12
Franklin Growth Fund R	5,412.7190	97,253.40
Goldman Sachs Grwth Opport Fnd R	1,146.5201	19,450.68
Templeton Global Bond Fund R	1,623.9190	19,450.68
PIMCO Commodity RIRtn Strat Fnd R	1,934.7760	19,450.68
MFS Emerging Markets Debt Fund R2	1,582.2252	19,450.68
PIMCO Low Duration Fund R	2,529.9372	32,417.80
MFS Intl New Discovery Fnd R2	867.2504	12,967.12
Voya Aggregate Bond Portfolio Srv	6,193.8009	97,253.40

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF DURING 2014
DECEMBER 31, 2014

SECURITY DESCRIPTION	QTY/ UNITS	PROCEEDS OF DISPOSITIONS
SALES		
Oppenheimer Developing Markets Fnd A	26.2619	1,213.30
American Funds EuroPacific R4	108.7483	1,455.41
TRowePrice Eqty Income Pt Srv	74.1544	1,502.17
High Yield Portfolio Srv	17.8953	350.58
Oppenheimer Main St Sm&MdCp F/V A	14.9098	373.56
American Funds Cap Wld G&I R4	50.1923	756.01
Global Real Estate Fund A	33.7839	363.78
PIMCO Real Return Fund A	17.3753	224.51
Franklin Growth Fund R	104.4446	2,010.39
Goldman Sachs Grwth Opport Fnd R	21.2845	387.11
Templeton Global Bond Fund R	28.7981	349.90
PIMCO Commodity RIRtn Strat Fnd R	33.1486	302.50
MFS Emerging Markets Debt Fund R2	28.1691	351.96
PIMCO Low Duration Fund R	43.5423	558.26
MFS Intl New Discovery Fnd R2	15.7592	231.99
Voya Aggregate Bond Portfolio Srv	108.1905	1,714.10

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4j-SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2014

Description	Selling Price	Purchase Price	Gain (Loss)
Single transactions in excess of 5 percent of plan assets			
No transactions qualified under this section.			
Series of transactions in excess of 5 percent of plan assets			
No transactions qualified under this section.			

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.

DEFINED BENEFIT PLAN

FINANCIAL STATEMENTS WITH INDEPENDENT AUDITORS' REPORT

YEARS ENDED DECEMBER 31, 2014 AND 2013

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7
SUPPLEMENTARY INFORMATION	
Supplementary Schedule of Assets (Held at Year End) December 31, 2014	18
Supplementary Schedule of Assets Acquired and Disposed of During 2014	19
Schedule of Reportable Transactions	21

Whitmer
& Company CPA's, LLP

Fourth and Walnut Centre
105 East Fourth St., Suite 1100
Cincinnati, Ohio 45202-4011
Phone: (513) 381-8010
Fax: (513) 381-2601

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the
Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at year end, the schedules of assets acquired and disposed of and the schedule of reportable transactions as of or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significant of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Whitmer & Company CPA's LLP

Whitmer & Company CPA's, LLP
Cincinnati, Ohio

October 1, 2015

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

ASSETS

	2014	2013
Investments at Fair Value (Note G)		
Mutual funds	$ 6,429,493	$ 5,553,231
Total Investments	6,429,493	5,553,231
Receivables		
Employer's contribution	288,480	288,356
Total Receivables	288,480	288,356
Total Assets	6,717,973	5,841,587

LIABILITIES

Total Liabilities	-	-
Net Assets Available for Benefits	$ 6,717,973	$ 5,841,587

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Additions to Net Assets		
Investment Income (Loss)		
Net appreciation in fair value of investments	$ 240,051	$ 599,420
Net Investment Income (Loss)	240,051	599,420
Employer's Contribution	648,480	648,353
Total Additions to Net Assets	888,531	1,247,773
Deductions from Net Assets		
Benefits Paid Directly to Participants	12,145	25,190
Total Deductions from Net Assets	12,145	25,190
Net Increase in Assets Available for Benefits	876,386	1,222,583
Net Assets Available for Benefits		
Beginning of Year	5,841,587	4,619,004
End of Year	$ 6,717,973	$ 5,841,587

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013

	December 31, 2013
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits	
Active participants	$ 4,807,703
Participants with deferred benefits	12,198
Total Vested Benefits	4,819,901
Non-vested Benefits	
Accumulated non-vested benefits	72,925
Total Actuarial Present Value of Accumulated Plan Benefits	$ 4,892,826

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2013

	December 31, 2013
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 4,305,284
Increase (decrease) during the year attributable to:	
Plan experience and benefit accrual	397,468
Decrease in discount period	215,264
Benefits paid	(25,190)
Net Increase	587,542
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 4,892,826

See accompanying notes and independent auditors' report.

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Beacon Orthopaedics & Sports Medicine, Ltd. Defined Benefit Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Beacon Orthopaedics & Sports Medicine, Ltd. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees twenty-one years of age or older become plan participants on the first entry date after completing one year of service. Entry dates are January 1 and July 1.

Pension Benefits

Employees are entitled to annual pension benefits at normal retirement date which is defined as the earlier of (1) the later of the participant's fifty-second birthday or the tenth anniversary of participation in the Plan, or (2) the later of the participant's sixty-fifth birthday or the fifth anniversary of participation in the Plan.

The benefit amount is calculated by Plan rules utilizing an average compensation based on the employee's most highly compensated, consecutive thirty-six month period. Certain named physicians receive 2.5% of average compensation per year of plan service (maximum of twenty years).

For one participant, the normal retirement benefit shall equal 3.25% of average compensation for each year of active participation up to a maximum of 20 years.

For three participants, the normal retirement benefit shall equal 5.25% of average compensation for each year of active participation up to a maximum of 20 years.

For all other participants, the normal retirement benefit shall equal .5% of average compensation for each year of active participation up to a maximum of 20 years.

The normal retirement benefit for each participant shall be reduced (by the benefit provided for the participant) by the actuarial equivalent to the participant's employer contribution account under the 401(k) Profit Sharing Plan, but not greater than .5% of a participant's average compensation for each year of active participation up to a maximum of 10 years. In no event shall the normal retirement benefit be reduced to less than $40 per year of active participation.

Effective 1/1/12, no participant shall accrue any further benefit pursuant to the minimum $40 per year of active participation portion of the benefit formula.

Vesting

Plan benefits are vested by the following schedule:

Years of Service	Nonforfeitable Percentage
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 years and over	100%

Death and Disability Benefits

Benefits are payable upon death of both active and retired employees. Rules governing the distribution of these death benefits are described in detail in the Plan documents.

Contributions

The Plan is funded by the Employer, Beacon Orthopaedics & Sports Medicine, Ltd. by quarterly payments to the Plan Trustee based on actuarial study plus any additional amount that the Employer may determine. Annual or cumulative funding deficiencies are eliminated as required by law or regulation.

Forfeited Amounts

Amounts forfeited by any Participant shall be used to reduce the Employer's contribution to the Plan.

Operating Expenses and Administrative Costs

All expenses of maintaining the Plan that are not covered by the compensation from the funds are paid by the Company.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their most highly compensated, consecutive thirty-six months of credited service. The accumulated plan benefits for active employees are based on their average compensation during the three years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2014 were (a) life expectancy of participants (the 1994 Group Annuity Mortality Table was used), (b) retirement age assumptions of normal retirement age, and (c) investment return. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The valuation date was changed to January 1 of the plan year due to the requirements of the Pension Protection Act of 2006.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

Date of Management's Review

Subsequent events were evaluated through October 1, 2015, which is the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of the mutual funds are based on quoted market prices.

The Plan Administrator determines the fair value measurement policies and procedures, subject to oversight by the Company's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At the time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit.

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2014		
Mutual Funds	$ 6,429,493	$ 6,429,493
Total	$ 6,429,493	$ 6,429,493
December 31, 2013		
Mutual Funds	$ 5,553,231	$ 5,553,231
Total	$ 5,553,231	$ 5,553,231

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2014 and 2013 are reported in net appreciation in fair value of investments.

NOTE D - FUNDING POLICY

The law requires that every pension plan have a procedure for establishing a funding policy to carry out the plan objectives. A funding policy relates to the level of contributions needed to pay for promised benefits. The Company's funding policy is to make quarterly contributions to the Plan as estimated by the actuary and make a final contribution, as needed, to meet or exceed minimum funding requirements under the Pension Protection Act. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.

Once money is contributed to the Plan, the money is invested by plan officials called fiduciaries. Specific investments are made in accordance with the Plan's investment policy. Generally speaking, an investment policy is a written statement that provides the fiduciaries that are responsible for plan investments with guidelines or general instructions concerning various types or categories of investment management decisions. The investment policy of the Plan is to maximize investment returns while minimizing investment risk for the benefit of the plan participants and their beneficiaries.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE E - PLAN TERMINATION

Although it is the intention of the Employer that the Plan be continued, the Employer has the right to terminate the Plan and discontinue contributions at any time. If the Plan is terminated, participant interests accrued at the date of termination are nonforfeitable and will be distributed per the provisions of the Plan.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by PBGC).

4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014, that ceiling is $5,011.36 per month, or $60,136.32 per year. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 5, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's Tax Counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examination for years prior to 2011.

NOTE G - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets.

	December 31, 2014	2013
PIMCO Income Fund A (formerly PIMCO Total Return Portfolio Srv)	$ 924,976	$ 787,385
Voya TRowePrice Equity Income	$ 809,783	$ 678,520
Franklin Growth Fund R	$ 1,104,976	$ 872,126
Oppenheimer Developing Markets Fund A	$ 594,226	$ 561,591
American Funds EuroPacific R4	$ 751,886	$ 696,142
American Funds CapWld G&I R4	$ 396,305	$ 343,903

The following table represents the fair values of investments. Investments are stated at fair value as determined by quoted market price. This information is taken from the certified report from Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the trustee of the Plan, at December 31, 2014 and 2013.

	December 31, 2014	December 31, 2013
Bond Mutual Funds		
PIMCO Income Fund A (formerly PIMCO Total Return Portfolio Srv)	$ 924,976	$ 787,385
PIMCO High Yield Portfolio Srv	182,499	161,823
PIMCO Real Return Fund A	117,793	102,187
Templeton Global Bond Fund R	182,417	161,276
MFS Emerging Markets Debt Fund R2	182,421	156,926
PIMCO Low Duration Fund R	295,625	263,407
Large Cap Value		
TRowePrice Equity Income	809,783	678,520
Large Cap Growth		
Franklin Growth Fund R	1,104,976	872,126
Small/Mid/Specialty		
Global Real Estate Fund A	201,620	159,550
Goldman Sachs Growth Opport Fund R	211,843	172,316
PIMCO Commodity Real Return Strat Fund R	138,838	152,346
Oppenheimer Main St Sm Cap F/VA	212,927	171,132
Global/International		
Oppenheimer Developing Markets Fund A	594,226	561,591
American Funds EuroPacific R4	751,886	696,141
American Funds Capital World G&I R4	396,305	343,903
MFS International New Discovery Fund R2	121,358	112,602
Total Investments	$ 6,429,493	$ 5,553,231

NOTE H - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE I - PLAN AMENDMENT

Effective January 1, 2014, the Plan amended the benefit amount calculations for certain named participants as follows:

For one participant, the normal retirement benefit shall equal 3.25% of average compensation for each year of active participation up to a maximum of 20 years.

For three participants, the normal retirement benefit shall equal 5.25% of average compensation for each year of active participation up to a maximum of 20 years.

NOTE J - RELATED PARTY TRANSACTIONS

Certain plan assets are shares of mutual funds managed by Voya (formerly ING) for the years ended December 31, 2014 and 2013. Voya is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Tri-State Plan Administration, Inc. provided administrative services to the Plan for the years ended December 31, 2014 and 2013.

All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS WITH 5500

	2014	2013
Total Net Assets per Audited Financial Statements	$ 6,717,973	$ 5,841,587
Total Net Assets per 5500	$ 6,717,973	$ 5,841,587

SUPPLEMENTARY INFORMATION

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS
(HELD AT YEAR END)
DECEMBER 31, 2014

QTY/ UNITS	SECURITY DESCRIPTION	TOTAL COST	CURRENT VALUE
Bond Mutual Funds			
9,516.5741	PIMCO High Yield Portfolio Srv	180,922.77	182,498.96
9,241.6011	PIMCO Real Return Fund A	114,929.59	117,792.74
15,313.4465	Templeton Global Bond Fund R	180,376.31	182,416.45
14,977.5989	MFS Emerging Markets Debt Fund R2	176,024.66	182,421.43
78,784.4258	PIMCO Income Fund A	924,616.07	924,975.72
23,165.1823	PIMCO Low Duration Fund R	295,266.20	295,624.58
Large Cap Value			
39,431.2145	TRowePrice Equity Income Pt Srv	754,821.02	809,783.16
Large Cap Growth			
55,498.8124	Franklin Growth Fund R	967,368.96	1,104,975.92
Small/Mid/Specialty			
7,930.5268	Oppenheimer Main St Sm Cap F/VA	190,209.01	212,927.35
17,964.6833	Global Real Estate Fund A	178,637.10	201,620.16
11,315.1656	Goldman Sachs Growth Opport Fund R	191,380.01	211,842.90
17,654.0518	PIMCO Commodity Real Return Strat Fund R	171,494.07	138,837.78
Global/International			
13,962.8196	Oppenheimer Developing Markets Fund A	625,213.01	594,225.85
57,842.8938	American Funds EuroPacific R4	772,488.81	751,886.01
26,684.0896	American Funds Capital World G&I R4	382,048.42	396,305.27
8,386.3923	MFS International New Discovery Fund R2	125,337.45	121,358.44

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS
ACQUIRED AND DISPOSED OF DURING 2014
DECEMBER 31, 2014

SECURITY DESCRIPTION	QTY/ UNITS	ACQUISITION COST
PURCHASES		
Oppenheimer Developing Markets Fnd A	1,427.2683	64,835.60
American Funds EuroPacific R4	5,820.6481	77,802.72
TRowePrice Eqty Income Pt Srv	4,004.0284	77,802.72
High Yield Portfolio Srv	998.4530	19,450.68
Oppenheimer Main St Sm&MdCp F/V A	810.9735	19,450.68
American Funds Cap Wld G&I R4	2,658.3615	38,901.36
Global Real Estate Fund A	1,848.2052	19,450.68
PIMCO Real Return Fund A	1,000.9131	12,967.12
Franklin Growth Fund R	5,412.7190	97,253.40
Goldman Sachs Grwth Opport Fnd R	1,146.5201	19,450.68
Templeton Global Bond Fund R	1,623.9190	19,450.68
PIMCO Commodity RIRtn Strat Fnd R	1,934.7760	19,450.68
MFS Emerging Markets Debt Fund R2	1,582.2252	19,450.68
PIMCO Low Duration Fund R	2,529.9372	32,417.80
MFS Intl New Discovery Fnd R2	867.2504	12,967.12
Voya Aggregate Bond Portfolio Srv	6,193.8009	97,253.40

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4i-SUPPLEMENTARY SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF DURING 2014
DECEMBER 31, 2014

SECURITY DESCRIPTION	QTY/ UNITS	PROCEEDS OF DISPOSITIONS
SALES		
Oppenheimer Developing Markets Fnd A	26.2619	1,213.30
American Funds EuroPacific R4	108.7483	1,455.41
TRowePrice Eqty Income Pt Srv	74.1544	1,502.17
High Yield Portfolio Srv	17.8953	350.58
Oppenheimer Main St Sm&MdCp F/V A	14.9098	373.56
American Funds Cap Wld G&I R4	50.1923	756.01
Global Real Estate Fund A	33.7839	363.78
PIMCO Real Return Fund A	17.3753	224.51
Franklin Growth Fund R	104.4446	2,010.39
Goldman Sachs Grwth Opport Fnd R	21.2845	387.11
Templeton Global Bond Fund R	28.7981	349.90
PIMCO Commodity RIRtn Strat Fnd R	33.1486	302.50
MFS Emerging Markets Debt Fund R2	28.1691	351.96
PIMCO Low Duration Fund R	43.5423	558.26
MFS Intl New Discovery Fnd R2	15.7592	231.99
Voya Aggregate Bond Portfolio Srv	108.1905	1,714.10

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD.
DEFINED BENEFIT PLAN
EIN: 31-1483173
PLAN NUMBER: 003
SCHEDULE H, LINE4j-SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2014

Description	Selling Price	Purchase Price	Gain (Loss)
Single transactions in excess of 5 percent of plan assets			
No transactions qualified under this section.			
Series of transactions in excess of 5 percent of plan assets			
No transactions qualified under this section.			